

WORK ACTIVITY QUESTIONNAIRE

Business Name: _____

Job Title: _____

Hourly Wage _____ Hours per Week _____

Date Work Started _____ Date Work Stopped _____

Section 1

1. Does the employee complete all the usual duties required for his/her position? ☐ Yes
☐ No
2. Is the employee able to complete all of the job duties without special assistance? ☐ Yes
☐ No
3. Does the employee regularly report for work as scheduled? ☐ Yes
☐ No
4. On average, does the employee complete his/her work in the same amount of time as employees in similar positions? ☐ Yes
☐ No
5. Please indicate the type(s) of special assistance, if any, the employee receives on the job that is not regularly given to other employees. (Check all that apply.)

☐ Fewer or easier duties
☐ Irregular hours
☐ Special transportation
☐ Less hours
☐ More breaks/rest periods
☐ Frequent absences

☐ Lower production standards
☐ Extra help/supervision
☐ Lower quality standards
☐ Frequent absences
☐ Special Equipment